



FILED

25 OCT 2023 PM 01:05

OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/21/2023 to 10/20/2023

1. Committee I.D. Number

92266

2. Committee Name

FRIENDS OF MICHAEL BOUCHARD

5. Committee's Mailing Address

**P O BOX 1835
BIRMINGHAM, MI 48012**

Area Code and Phone (248) 645-5664
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

4. Candidate Last Name

BOUCHARD

First Name

MICHAEL

M.I.

J

4a. Office Sought Including District # or Community Served (If applicable)

COUNTY SHERIFF, OAKLAND COUNTY

4b. County of Residence **OAKLAND COUNTY**

6. Treasurer's Name & Residential Address

**ANTHONY H BUFFA
1590 CHANTICLAIR CIRCLE
WIXOM, MI 48393**

Area Code & Phone (586) 441-8212

7. Treasurer's Business Address

**1590 CHANTICLAIR CIRCLE
WIXOM, MI 48393**

Area Code and Phone (586) 441-8212

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☐ Pre-Election **OR** 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2023)
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 92266

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF MICHAEL BOUCHARD

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>314,425.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>314,425.00</u>	(18.) \$ <u>538,825.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>11.29</u>	(19.) \$ <u>543.39</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>314,436.29</u>	(20.) \$ <u>539,368.39</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,500.00</u>	(21.) \$ <u>6,250.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>5,556.94</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>592.43</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>6,149.37</u>	(23.) \$ <u>63,322.64</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>222,795.42</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>314,436.29</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>537,231.71</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,149.37</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>531,082.34</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2023</u>	
Name & Address: TOM CELANI 2600 TURTLELAKE DR BLOOMFIELD HILLS, MI 48302		\$ <u>5,000.00</u>	\$ <u>5,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MOTOR CITY HARLEY DAVIDSON</u> Business Address <u>2600 TURTLELAKE DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2023</u>	
Name & Address: BETH BEAL 33717 WOODWARD AVE #451 BIRMINGHAM, MI 48009		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2023</u>	
Name & Address: GARY TORGOW 2301 W BIG BEAVER RD TROY, MI 48084		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>HUNTINGTON NATIONAL BANK</u> Business Address <u>2301 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2023</u>	
Name & Address: MALKA TORGOW 2301 W BIG BEAVER RD TROY, MI 48084		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>2301 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 21,750.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2023</u> Name & Address: ROBERT SKANDALARIS 1030 DORIS RD AUBURN HILLS, MI 48326		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>QUANTUM VENTURES</u> Business Address <u>1030 DORIS RD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: SCOTT JONNA 2764 TURTLELAKE DR BLOOMFIELD HILLS, MI 48302		\$ <u>2,500.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>AF JONNA DEVELOPMENT</u> Business Address <u>4036 TELEGRAPH RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: ROBERT TAUBMAN 2100 E LONG LAKE RD BLOOMFIELD TWP, MI 48304		\$ <u>7,325.00</u>	\$ <u>7,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>TAUBMAN REALTY GROUP</u> Business Address <u>2100 E LONG LAKE RD, BLOOMFIELD TWP, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: CARRIE YATOOMA 1712 HAMILTON DR BLOOMFIELD HILLS, MI 48302		\$ <u>3,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>OCG COMPANIES</u> Business Address <u>1712 HAMILTON DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 21,475.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2023</u> Name & Address: JAMES ROSENTHAL 360 CRANBROOK RD BLOOMFIELD HILLS, MI 48304		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>NATIONAL LUMBER CO.</u> Business Address <u>29740 PARKWAY, ROSEVILLE, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2023</u> Name & Address: DAVID FISCHER JR 855 PLEASANT ST BIRMINGHAM, MI 48009		\$ <u>1,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>THE SUBURBAN COLLECTION</u> Business Address <u>46100 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2023</u> Name & Address: DARCY FISCHER 855 PLEASANT ST BIRMINGHAM, MI 48009		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>855 PLEASANT ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2023</u> Name & Address: PETER KARMANOS 4740 DOW RIDGE RD WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>4740 DOW RIDGE RD, WEST BLOOMFIELD TOWNSHIP, MI 48324</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **19,975.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2023</u>	
Name & Address: DANIALLE KARMANOS 4740 DOW RIDGE RD WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>4740 DOW RIDGE RD, WEST BLOOMFIELD TOWNSHIP, MI 48324</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: DANIEL SEBOLD 5051 BEACH RD TROY, MI 48098		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>SEBOLD AND ASSOCIATES</u> Business Address <u>35990 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>5,000.00</u>	\$ <u>10,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: NED TIMMONS 4057 PIONEER DR COMMERCE TWP, MI 48390		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>LSS CONSULTING</u> Business Address <u>4057 PIONEER DR, COMMERCE TWP, MI 48390</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **15,325.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: JOEL DORFMAN 40900 WOODWARD AVE BLOOMFIELD HILLS, MI 48304		\$ <u>5,000.00</u>	\$ <u>6,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>NORTH STAR PARTNERS</u> Business Address <u>40900 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: HABIB MAMOU 318 E HUDSON AVE ROYAL OAK, MI 48067		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ROYAL OAK WASTE PAPER</u> Business Address <u>318 E HUDSON AVE, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: JACQUELINE MAMOU 3197 CHESTNUT RUN DR BLOOMFIELD TWP, MI 48302		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>3197 CHESTNUT RUN DR, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: TODD FLOOD 10555 LINCOLN DR HUNTINGTON WOODS, MI 48070		\$ <u>6,100.00</u>	\$ <u>6,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FLOOD LAW</u> Business Address <u>155 W CONGRESS ST, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 27,750.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: KEVIN DENHA 700 N OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DENHA PROPERTIES</u> Business Address <u>700 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: JORDAN JONNA 4036 TELEGRAPH RD BLOOMFIELD TWP, MI 48302		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>AF JONNA DEVELOPMENT</u> Business Address <u>4036 TELEGRAPH RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: ANDREW LUCKOFF 4216 SHEFFIELD RD ROYAL OAK, MI 48073		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>LANDMARK COMMERCIAL REAL ESTATE</u> Business Address <u>30500 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: CLINT MANSOUR 2688 S INDIAN MOUND RD BLOOMFIELD TWP, MI 48301		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>MANSOUR COMPANIES</u> Business Address <u>330 HAMILTON ROW, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **10,000.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: MICHAEL CHAYET 3940 CRESTHAVEN DR WATERFORD TWP, MI 48328		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: AMMAR ALKHAFAJI 29850 NORTHWESTERN HWY SOUTHFIELD, MI 48034		\$ <u>3,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>THE W INVESTOR'S GROUP</u> Business Address <u>29850 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: SYDNEY ROSS 373 VICTOR ST HIGHLAND PARK, MI 48203		\$ <u>3,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GENERAL WINE AND LIQUOR COMPANY</u> Business Address <u>373 VICTOR ST, HIGHLAND PARK, MI 48203</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: ELIZABETH ROSS 373 VICTOR ST HIGHLAND PARK, MI 48203		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>373 VICTOR ST, HIGHLAND PARK, MI 48203</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **9,075.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: NATHAN FORBES 100 GALLERIA OFFICENTRE SOUTHFIELD, MI 48034		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>FORBES COHEN PROPERTIES</u> Business Address <u>100 GALLERIA OFFICENTRE, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: CATHERINE FORBES 100 GALLERIA OFFICENTRE SOUTHFIELD, MI 48034		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>100 GALLERIA OFFICENTRE, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: YAHYA BASHA 30701 WOODWARD AVE ROYAL OAK, MI 48073		\$ <u>7,825.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF</u> Business Address <u>30701 WOODWARD AVE, ROYAL OAK, MI 48073</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: ELHAM SHAYOTA 875 RIDGEWOOD RD BLOOMFIELD HILLS, MI 48304		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SIGMA ASSOCIATES</u> Business Address <u>1900 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **32,800.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: MICHAEL FERRANTINO 36255 MICHIGAN AVE WAYNE, MI 48184		\$ <u>1,175.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>ENVIRONMENTAL QUALITY COMPANY</u> Business Address <u>36255 MICHIGAN AVE, WAYNE, MI 48184</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: KELLIE FERRANTINO 48000 ANN ARBOR RD PLYMOUTH TWP, MI 48170		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>48000 ANN ARBOR RD, PLYMOUTH TWP, MI 48170</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: TODD WYETT 212 WESTWOOD DR BLOOMFIELD TWP, MI 48301		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>VERSA DEVELOPMENT</u> Business Address <u>326 E 4TH ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: STEVEN GORDON 1701 HERON RIDGE DR BLOOMFIELD HILLS, MI 48302		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SIGNATURE ASSOCIATES</u> Business Address <u>1 TOWNE SQUARE, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 26,150.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: JOANN GORDON 1701 HERON RIDGE DR BLOOMFIELD HILLS, MI 48302		\$ <u>1,675.00</u>	\$ <u>1,675.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>1701 HERON RIDGE DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: RYAN LASH 4907 CIMARRON DR BLOOMFIELD HILLS, MI 48302		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RSL MEDICAL MARKETING</u> Business Address <u>6022 W MAPLE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: SAMANTHA LASH 4907 CIMARRON DR BLOOMFIELD HILLS, MI 48302		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>4907 CIMARRON DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: LINDEN NELSON 5035 BROOKDALE RD BLOOMFIELD HILLS, MI 48304		\$ <u>8,200.00</u>	\$ <u>8,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NELSON VENTURES</u> Business Address <u>2100 E MAPLE RD, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 26,525.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: EDWARD C LEVY 970 SHIRLEY RD BIRMINGHAM, MI 48009		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>970 SHIRLEY RD, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: LOREN BAIDAS 2883 TALL TIMBERS DR MILFORD TWP, MI 48380		\$ <u>8,000.00</u>	\$ <u>8,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GENERAL RV CENTER</u> Business Address <u>25000 ASSEMBLY PARK DR, WIXOM, MI 48393</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: SPENCER PARTRICH 31550 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LAUTREC</u> Business Address <u>31550 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: MYRNA PARTRICH 1268 W LONG LAKE RD BLOOMFIELD HILLS, MI 48302		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>1268 W LONG LAKE RD, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **32,975.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: FRANK TORRE 1450 QUARTON RD BLOOMFIELD HILLS, MI 48304		\$ <u>1,525.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SIGNAL RESTORATION SERVICES</u> Business Address <u>2490 INDUSTRIAL ROW DR, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: ELY TAMA 30038 MAYFAIR DR FARMINGTON HILLS, MI 48331		\$ <u>2,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SELF</u> Business Address <u>32783 MIDDLEBELT RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: MARK DENHA 4120 MAPLE BLVD WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>DENHA PROPERTIES</u> Business Address <u>4120 MAPLE BLVD, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: MELVIN KAFTAN 369 E MAPLE RD BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>KAFTAN ENTERPRISES</u> Business Address <u>29100 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,525.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: SABER AMMORI 7065 PINWOOD CT BLOOMFIELD HILLS, MI 48301		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>WIRELESS VISION</u> Business Address <u>40700 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: PAUL ZLOTOFF 280 DAINES ST STE 300 BIRMINGHAM, MI 48009		\$ <u>3,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>UNIPROP INC</u> Business Address <u>280 DAINES ST, STE 300, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: RHONDA SABATINI 5676 SPRINGBROOK DR TROY, MI 48098		\$ <u>4,675.00</u>	\$ <u>4,675.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES MANAGER</u> Employer <u>HINES PARK LINCOLN</u> Business Address <u>40601 ANN ARBOR RD, PLYMOUTH, MI 48170</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: THERESA ZLOTOFF 280 DAINES ST BIRMINGHAM, MI 48009		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>280 DAINES ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **17,325.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: JORDAN ZLOTOFF 1 CONCOURSE DR PONTIAC, MI 48341		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>1 CONCOURSE DR, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: DAVID FISCHER 1250 W LONG LAKE RD BLOOMFIELD HILLS, MI 48302		\$ <u>1,175.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SUBURBAN COLLECTION</u> Business Address <u>1795 MAPLELAWN RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: JENNIFER FISCHER 1250 W LONG LAKE RD BLOOMFIELD HILLS, MI 48302		\$ <u>5,475.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>1250 W LONG LAKE RD, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: STANLEY FRANKEL 2301 W BIG BEAVER RD TROY, MI 48084		\$ <u>3,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>FRANKEL ASSOCIATES</u> Business Address <u>2301 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **14,975.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: JUDITH FRANKEL 663 S HILLS RD BLOOMFIELD HILLS, MI 48302		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>663 S HILLS RD, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: CHRISTOPHER DENHA 6859 WHITE PINE DR BLOOMFIELD HILLS, MI 48301		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DONUT BAR</u> Business Address <u>29039 SOUTHFIELD RD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: JEFFREY SAKWA 280 HARMON ST APT 290 BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>280 HARMON ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: JORDAN RASSAM 3168 WOODLAND RIDGE DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>400 MONROE ST, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **11,325.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: DARIN DELL 2889 VERO DR HIGHLAND TWP, MI 48356		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ESPECIALLY WINDOWS</u> Business Address <u>2889 VERO DR, HIGHLAND TWP, MI 48356</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: EDWARD SCHULAK 567 ASPEN RD BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>EDENROC SCIENCES LLC</u> Business Address <u>567 ASPEN RD, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: PAUL SABATINI 2710 TURTLELAKE DR BLOOMFIELD HILLS, MI 48302		\$ <u>3,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SABATINI AUTOMOTIVE GROUP</u> Business Address <u>1950 W MAPLE RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/30/2023</u> Name & Address: HENRY SAAD 3595 GORDON DR NAPLES, FL 34102		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>3595 GORDON DR, NAPLES, FL 34102</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **13,150.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2023</u>	
Name & Address: MARA SAAD 3595 GORDON DR NAPLES, FL 34102		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>RETIRED</u> Employer <u>RETIRED</u>			
Business Address <u>3595 GORDON DR, NAPLES, FL 34102</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

8,325.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

314,425.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number **92266**

2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: FIFTH THIRD BANK 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202	Date of Receipt 07/31/2023	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 3.73
☐ Fund Raiser			
Receipt #2 Name & Address: FIFTH THIRD BANK 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202	Date of Receipt 08/31/2023	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 3.71
☐ Fund Raiser			
Receipt #3 Name & Address: FIFTH THIRD BANK 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202	Date of Receipt 09/29/2023	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 3.85
☐ Fund Raiser			
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Page Subtotal			11.29
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			11.29

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **92266**

CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: MARK ZARKIN 27925 GOLF POINTE BLVD FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Business Address: STEVEN LELLI'S ON THE GREEN 27925 GOLF POINTE BLVD, FARMINGTON HILLS, MI 48331 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD AND EVENT SPACE FOR FUNDRAISER</u> 5. Date Of Receipt: <u>09/27/2023</u> 6. Vendor Name & Address: STEVEN LELLI'S ON THE GREEN 27925 GOLF POINTE BLVD, FARMINGTON HILLS, MI 48331	\$ 2,500.00	\$ 3,000.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
Click Here for Memo Itemization			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
Click Here for Memo Itemization			

Page Subtotal

2,500.00

3,000.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

2,500.00

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **92266**
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ARISTOTLE INTERNATIONAL, INC. Address 205 PENNSYLVANIA AVE. SE WASHINGTON, DC 20003 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2023 Date	\$ 1,500.00
Expenditure #2 Name MICROSOFT Address 1 MICROSOFT WAY REDMOND, WA 98052 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2023 Date	\$ 74.19
Expenditure #3 Name ARISTOTLE INTERNATIONAL, INC. Address 205 PENNSYLVANIA AVE. SE WASHINGTON, DC 20003 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2023 Date	\$ 750.00
Expenditure #4 Name ALLIE BROTHERS Address 20295 MIDDLEBELT RD LIVONIA, MI 48152 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2023 Date	\$ 406.11
Expenditure #5 Name GODADDY INC. Address 14455 N HAYDEN RD SCOTTSDALE, AZ 85260 ☐ Fund Raiser	Purpose: WEBSITE SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2023 Date	\$ 590.00

Subtotal this page **3,320.30**

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **92266**
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 1-800-SELF-STORAGE.COM Address 2477 W MAPLE RD TROY, MI 48084 ☐ Fund Raiser	Purpose: STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2023 Date	\$ 198.00
Expenditure #2 Name FIFTH THIRD BANK Address 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2023 Date	\$ 86.35
Expenditure #3 Name ALLIE BROTHERS Address 20295 MIDDLEBELT RD LIVONIA, MI 48152 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/24/2023 Date	\$ 568.59
Expenditure #4 Name 1-800-SELF-STORAGE.COM Address 2477 W MAPLE RD TROY, MI 48084 ☐ Fund Raiser	Purpose: STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2023 Date	\$ 198.00
Expenditure #5 Name FIFTH THIRD BANK Address 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202 ☐ Fund Raiser	Purpose: BANK FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2023 Date	\$ 86.35

Subtotal this page

1,137.29

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **92266**
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TYLER SWEERS Address 2680 CEDAR KEY DR ORION TWP, MI 48360 ☒ Fund Raiser	Purpose: <u>BEVERAGES FOR FUNDRAISER - REIMBURSEMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2023</u> Date	\$ <u>800.00</u>
Expenditure #2 Name 1-800-SELF-STORAGE.COM Address 2477 W MAPLE RD TROY, MI 48084 ☐ Fund Raiser	Purpose: <u>STORAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2023</u> Date	\$ <u>213.00</u>
Expenditure #3 Name FIFTH THIRD BANK Address 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202 ☐ Fund Raiser	Purpose: <u>BANK FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2023</u> Date	\$ <u>86.35</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **1,099.35**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **5,556.94**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **92266**
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/27/2023	4. Number of Individuals Attending or Participating (whichever is greater) 75	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. STEVEN LELLI'S ON THE GREEN 27925 GOLF POINTE BLVD FARMINGTON HILLS, MI 48331 ☐ Private Residence
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7. Total Contributions **314,425.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **314,425.00**
10. Total Cost of Event **3,300.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.